This is an official

DHEC Health Update

Distributed via Health Alert Network

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Update on Current Influenza Activity in South Carolina

This Health Update is meant to provide healthcare professionals with the latest information on:

- Current influenza activity status in South Carolina as of February 2, 2008
- o Vaccine Composition and current strain match information
- o Ongoing DHEC Influenza monitoring systems
- o DHEC Contact Information for Reportable Diseases and Reporting Requirements
- o Resource Links
- Attachment: Positive Rapid Influenza Worksheet with local health department contact information

Current South Carolina Influenza Activity, as of February 2, 2008

Influenza activity determination in South Carolina utilizes three monitoring systems: (i) Laboratory viral isolate network. (ii) The outpatient influenza-like illness (ILI) network (iii) and positive rapid antigen tests.*

As of February 2, 2008 South Carolina state influenza activity status is "Widespread" **.

The laboratory viral isolate network has processed a total of 159 viral isolate specimens this season. Sixty-eight positive viral isolates have been reported in the current influenza season thus far. There have been 22 influenza A H1, 40 influenza A H3, 1 mixed influenza A H1 & H3 and 5 influenza B reported.

<u>ILI network</u> activity is above baseline in the upstate, midlands and coastal regions of the state. Positive rapid antigen tests have increased to high seasonal levels in the upstate and remain at seasonal levels in the midlands and coastal areas. It is anticipated that the midlands and coastal areas will soon follow with high seasonal levels of positive rapid antigen tests reported.

<u>Positive rapid antigen tests</u> have increased in the last two weeks. The week ending January 26, 2008 recorded 597 rapid antigen tests. The week ending February 2, 2008 recorded 787 positive rapid antigen tests. In the 2006-07 season, the same weeks recorded 709 and 806 positive rapid antigen tests, respectively. The 2006-07 peak of rapid antigen test reports in South Carolina was 1557 the week ending February 24, 2007.

^{* (}i) Laboratory Viral Isolate network is voluntary. Healthcare facilties sample cultures from patient population and submit to the state public health laboratory. (ii) ILI outpatient network is voluntary. ILI syndrome is defined as having a fever (>100 F) cough and or a sore throat in the absence of another known cause. Volunteer providers report the percentage of ILI visits per total patients per week. The South Atlantic baseline for ILI visits is 2.1%. Influenza activity status ranges from no activity to widespread activity. **Influenza activity ranges from "no activity" to "widespread" activity.

Vaccine Composition Match Information

The 2007-08 vaccines, intranasal and injectable include influeneza A/Solomon Islands/3/2006 (H1N1)-like, influenza A/Wisconsin/ 67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.

There has been a new influenza strain variant detected in the U.S. called Influenza A H3N2/Brisbane-like strain which CDC reports is a variant of the influenza A/Wisconsin/ 67/2005 that has been included in this years vaccine. The influenza A H3N2/Brisbane-like strain emerged at the end of Australia's influenza season, too late for inclusion in US flu vaccines. To date, this strain has been responsible for a small proportion of U.S. influenza cases. According to the CDC's most recent weekly flu report ending January 26, US laboratories have characterized 197 flu viruses so far this season. Forty-six (23%) were A/Brisbane/10/2007-like. The Brisbane-like viruses made up 87% of the 53 type A H3N2 isolates collected so far, according to the CDC. Of the other isolates, 101 were type A H1N1 viruses and 43 were type B viruses.

Ongoing DHEC Influenza Monitoring Systems

Laboratory Viral Isolate Network – Voluntary Network

Viral isolate surveillance is essential for identifying circulating influenza strain subtype information, such as A H3N2 and the identification of new strains that may need to be included in the next year's influenza vaccine. During outbreaks of influenza-like illness, viral culture also can help identify other causes of illness. The network provides FREE culture media, packaging, processing and shipping labels to participating practices. Those enrollment should contact the DHEC Virology department at 803-896-0819.

Influenza Cultures and Positive Result Reporting to DHEC

Positive influenza culture results from commercial laboratoris should be reported to DHEC within 7 days. Submitted reports should include patient name, age and address, including county.

Influenza-Like Illness (ILI) Sentinel Providers Network

This monitoring system bypasses laboratory testing and focuses on the numbers of patients presenting with influenza-like symptoms in the absence of another known cause. ILI is defined as fever (temperature of >100°F) plus either a cough and/or a sore throat in the absence of another known cause. Providers submit weekly reports to the CDC of the total number of patients seen in a week and the subset number of those patients ILI symptoms by age group. Those interested in enrollment should complete the attached enrollment form or contact Dr. Lena Bretous at 803-898-0862. Please include name, practice name, phone number and fax number. An enrollment form will be faxed to you for completion.

Positive Rapid Antigen Test Reporting to DHEC

DHEC requires weekly submission to the local health department of <u>summary numbers</u> of positive rapid influenza tests and influenza type identified by fax or email by Monday at noon for the preceding week. Those preferring to email reports weekly should call their local health department to identify the staff to which the emails should be sent.

A copy of the summary weekly worksheet is attached to this health update along with the local health department contacts.

Pediatric Influenza Associated Deaths

Reporting suspected or confirmed cases of pediatric influenza-associated deaths are within 7 days to the local health department is required. Please see the recent CDC Health Advisory in the resource links section below.

DHEC Contact Information for Reportable Diseases and Reporting Requirements

Reporting of influenza cases (i.e. positive rapid influenza tests or positive virus culture isolates) and pediatric deaths ages less than or equal to 17 years are included in the current DHEC List of Reportable Conditions as a "report within 7 days" condition. Clusters of influenza cases that may be outbreak-associated are considered an "immediately reportable by phone" condition and Healthcare providers are required to report to their Regional Public Health Offices, at the contact numbers listed below.

Reporting of cases is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2007 List of Reportable Conditions available at: http://www.scdhec.net/hs/diseasecont/disease.htm.

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Resource Links

DHEC Health Update on Seasonal Influenza Surveillance

o www.scdhec.gov/health/disease/han/docs/DHA-Flu%202007-08.pdf

DHEC June 8, 06 Health Update on Interim Guidance on Lab Testing for Avian Influenza

o <u>www.scdhec.gov/health/disease/acute/flualert.htm</u>

DHEC Influenza Surveillance Website:

o www.scdhec.gov/health/disease/acute/flu.htm

CDC Health Advisory on Influenza-Associated Pediatric Mortality and S. Aureus co-infection

o www.scdhec.gov/health/disease/han/docs/CHA-PFD.pdf

CDC Influenza Site

o www.cdc.gov/flu/

CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings:

o <u>www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm</u>

CDC Guideline for Isolation Precautions in Hospitals:

o <u>www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm</u>

WHO Confirmed Human Cases of H5N1 worldwide

o www.who.int/csr/disease/avian_influenza/en/index.html

POSITIVE RAPID INFLUENZA SUMMARY WORKSHEET 2007-2008



Guidance for use of this worksheet:

County

- a) This does not take the place of reporting positive influenza viral culture results, which are still reportable using the DHEC 1129 Cards.
- b) Fax or email completed worksheet **NO LATER THAN NOON ON THE MONDAY OF THE FOLLOWING WEEK** to the Region-specific Health Department fax/phone/addresses (see below). These contact numbers are also available at: http://www.dhec.sc.gov/health/disease/docs/reportable-conditions.pdf
- c) This worksheet is offered as an alternative way of reporting positive rapid antigen tests in the 2007- 2008 season.
- d) Facilities using this worksheet are required to enter the:

For the week beginning _____ (Sunday – Saturday)

Reporting Facility/Practice:

- a. Reporting period date (week beginning on Sunday),
- b. Facility/Practice name,
- c. County in which the facility/practice is located, and
- d. Influenza type being identified (e.g., Influenza A, Influenza B, Influenza A/B, or unknown).
- e) If methodologies change such that a different influenza type is being identified during the influenza season, please update the "type of influenza being identified" section of this worksheet prior to weekly submission.

	Positive for Influenza A	Positive for Influenza B	Positive for Influenza A or B
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Weekly Totals			

Regional Public Health Offices – 2008

Mail or call reports to the Epidemiology Office in each Public Health Region.

Region I

Anderson, Oconee

220 McGee Road Anderson, SC 29625 Phone: (864) 260-4358 Fax: (864) 260-5623

Nights / Weekends: 1-866-298-4442

Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda

1736 S. Main Street Greenwood, SC 29646 Phone: 1-888-218-5475 Fax: (864) 942-3690

Nights / Weekends: 1-800-420-1915

Region 2 Greenville, Pickens

PO Box 2507 200 University Ridge Greenville, SC 29602-2507 Phone: (864) 282-4139 Fax: (864) 282-4373

Nights / Weekends: 1-800-993-1186

Cherokee, Spartanburg, Union

PO Box 4217 151 E. Wood Street Spartanburg, SC 29305-4217 Phone: (864) 596-2227, x- 210 Fax: (864) 596-3443

Nights / Weekends: 1-800-993-1186

Region 3 Chester, Lancaster, York

PO Box 817 1833 Pageland Highway Lancaster, SC 29721 Phone: (803) 286-9948 Fax: (803) 286-5418

Nights / Weekends: 1-866-867-3886

Region 3 (continued)

Fairfield, Lexington, Newberry, Richland

2000 Hampton Street Columbia, SC 29204 Phone: (803) 576-2749 Fax: (803) 576-2993

Nights / Weekends: 1-888-554-9915

Region 4

Clarendon, Kershaw, Lee, Sumter

PO Box 1628 105 North Magnolia Street Sumter, SC 29150 Phone: (803) 773-5511 Fax: (803) 775-9941

Nights/Weekends: 1-877-831-4647

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion

145 E. Cheves Street Florence, SC 29506 Phone: (843) 661-4830 Fax: (843) 661-4859

Nights / Weekends: (843) 660-8145

Region 5 Bamberg, Calhoun, Orangeburg

PO Box 1126 1550 Carolina Avenue Orangeburg, SC 29116 Phone: (803) 533-7199 Fax: (803) 533-7134

Nights / Weekends: (803) 954-8513

Aiken, Allendale, Barnwell

1680 Richland Avenue, W. Suite 40 Aiken, SC 29801 Phone: (803) 642-1618 Fax: (803) 643-8386

Nights / Weekends: (803) 827-8668 or

1-800-614-1519

Region 6

Georgetown, Horry, Williamsburg

1931 Industrial Park Road Conway, SC 29526-5482 Phone: (843) 915-8804 Fax: (843) 365-0085

Nights / Weekends: (843) 381-6710

Region 7

Berkeley, Charleston, Dorchester

4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Phone: (843) 746-3860 Fax: (843) 746-3851

Nights / Weekends: (843) 219-8470

Region 8

Beaufort, Colleton, Hampton, Jasper

219 S. Lemacks Street Walterboro, SC 29488 Phone: (843) 549-1516, x-214 Fax: (843) 549-6845

Nights / Weekends: 1-800-614-4698

<u>DHEC Bureau of Disease Control</u> Division of Acute Disease Epidemiology

1751 Calhoun Street Box 101106 Columbia, SC 29211 Phone: (803) 898-0861 Fax: (803) 898-0897

Nights / Weekends: 1-888-847-0902



www.scdhec.gov

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action. **Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.